the limb between the muscles, this texture becomes indurated, and a vast abscess soon forms; several large deep incisions must now be made completely through the affected parts which will allow of the escape of the matter, and also unload the distended vessels. The surgeon must not always wait for the sense of fluctuation to be apparent, before he makes his incisions, for great relief will be afforded by cutting through the inflamed and indurated tissues before pus has actually been secreted, and the progress of the disease may be thus arrested. M. Civiale does not make any remarks concerning the general or constitutional treatment of the patient, but we presume that this must be conducted on common principles.—*Ibid.* from *Bulletin Gén. de Thérap.*, April, 1840.

42. *New facts with regard to Strangulated Hernia.* By M. Laugier.—Every one knows that in strangulated hernia, the upper extremity of the intestine, or that part which is comprised between the stomach and the seat of strangulation, becomes distended by fluid, gaseous, or fecal matters, whilst the lower portion remains flaccid, or, at least, the matters found in it do not distend it more than usual.

No attempt has yet been made to draw practical inferences from this fact, so as to use it as a means of distinguishing intestinal from omental hernia; or which portion of the intestinal tube, whether the large or small intestine, was contained in the hernial sac. This has, however, been done by M. Laugier, who considers it both as a simple and sure means of diagnosis, besides possessing the additional advantage of indicating the relative urgency of the case for operation. The results of his observation are embodied in the following conclusions.

1. The extent, the form, and seat of the meteorism of the belly, during strangulated hernia, vary according as the hernia consists of omentum or intestine, and according as the upper extremity consists of the small or the large intestine. Its extent varies also according as the portion of small intestine included in the hernia is more or less distant from the stomach.

2. In omental hernia, before the development of peritonitis, the belly is soft, and flat even in the neighbourhood of the hernia. There is no meteorism.

3. Meteorism appears very rapidly when the hernia consists of intestine.

4. When the hernial sac contains the large intestine, the sigmoid flexure of the colon for example, the upper extremity consisting of nearly the whole of the intestinal tube, the meteorism is general, and gives to the abdomen an almost cylindrical form.

5. If the small intestine is alone in the hernial sac, or along with a portion of omentum, the flakes and the epigastric region are soft and depressed; the swelling of the abdomen occupies the hypogastric and umbilical regions. The swelling is spherical, or nearly so, resembling in this respect some encysted tumours, or the uterus at the sixth or seventh month of pregnancy, from which, however, it differs in many essential characters.

6. When the strangulated part of the intestine is near the stomach, the swelling of the abdomen is trivial, in proportion to the duration of the strangulation; for in that case the upper extremity of the tube is only of small extent.

7. From these facts may be deduced the unexpected and important conclusion, that in crural hernia, and in some inguinal hernias, where gangrene is most to be feared, all haste should be used either to reduce it by the taxis or by operation; for if by the occurrence of gangrene of the intestine an artificial anus should be formed, its proximity to the stomach renders it more dangerous for the patient. A swelling of small extent, limited to the neighbourhood of the hernia generally, inspires a security which may lead to fatal results; whilst it is the general meteorism, or one, at least, which is very extensive, that alone permits of delay, since it indicates the incarceration of a portion of intestine which is far from the stomach.

8. It is only before the accession of general peritonitis that the characters of the windy swelling, above indicated, can be relied on; they are most marked at that stage.

M. Laugier adds, that these remarks have been all verified by careful clinical observation, and by the result of many operations for hernia.—*Ed. Med. and Surg. Journ.*, July, 1840, from *Comptes Rendus*, 2d March, 1840.

43. *Radical cure of Inguinal Hernia by the Horizontal Position.*—M. Ravin some time ago made known to the public his new mode of curing hernia radically, by merely confining the person, for a length of time, strictly to the horizontal posture, and applying over the abdominal ring gentle compression, &c. M. **Biagini** has lately verified this statement, by having had a patient who was afflicted with a large inguinal hernia, which had existed for two years, accidentally confined to his bed with another disease for upwards of three months. At the end of this period, when the man arose, to his delight, he found that the hernia did not return. No tumour was perceptible in the region of the inguinal canal, and he could cough and exert himself in every way without producing a return of the complaint. The man was 32 years of age.

This case confirming the views of M. Ravin, appeared to justify M. Biagini in drawing the following conclusions:

1. That it is possible to obtain a radical cure of some herniæ by the horizontal posture long continued.
2. That this cure takes place in consequence of a diminution in the size of the side of the canal and the contraction of its walls, which again assume the oblique course, which they had lost; which changes take place in virtue only of the tonic powers of the tissues.
3. That in order that the tissues should have sufficient tonicity to produce this important change, the person must be possessed of considerable vital energy; a circumstance which will prevent old men from being treated by this plan, both on account of their general weakness, and the danger of a long-continued horizontal posture to them; and lastly, it would be of no use in very large herniæ, where the canal is reduced to the state of a simple ring, and so altered, that no tonic force of the parts could restore it to its normal condition.—*Ibid.* from *Bulletino delle Scienze Mediche*, January, 1840.

44. *Foreign Body in the Larynx.*—A young child, while playing with common beans, allowed one to escape into the larynx. The usual symptoms of suffocation were immediately induced, but were calmed, as by enchantment, by the administration of a tablespoonful of olive oil. Whenever the symptoms of suffocation recommenced, they were found to be relieved by the administration of the oil; the operation of tracheotomy was therefore not performed, and on the fortieth day after the escape of the bean into the larnyx, it was coughed up in fragments.

M. Renauldin mentioned a curious fact with regard to the presence of a foreign body in the air-passages. On opening a body, a fragment of a nail was found in the lung; and yet no symptom existed during life, which could have led to the supposition that a fragment of iron was contained in these organs.—*Ibid.* from *Séances de l'Acad. Roy. de Méd.*, January 28, 1840.

45. *Successful Treatment of Dropsy of the Synovial Membranes by Tartar Emetic.* M. **Gimelle** has found the administration of tartar emetic in large doses very efficacious in curing dropsy of the synovial membranes; causing complete absorption of the fluid, with abatement of all inflammatory symptoms, if any exist. Twenty-seven cases of dropsy of the joints have been treated successfully by him. He, without any previous treatment, commenced by giving four grains of tartar emetic in the twenty-four hours, and increased the dose by two grains every day, till from eighteen to twenty grains were taken daily. As soon as toleration of the medicine was established, the fluid began to be absorbed, and the cure was in general complete in from eight to sixteen days.

In only five of these cases was vomiting excited by the medicine, in two cases for three days. In eight cases it produced alvine evacuations; but its most general and constant effects were diminution of the strength and quickness of the pulse, weakness of the voice, abundant nocturnal perspirations, and the ap-